



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<b>Complete if Known</b> Application Number 10/664,488 Filing Date September 17, 2003 First Named Inventor Tsutomu WATANABE et al. Examiner Name Tuan T. Dinh Art Unit 2841 Attorney Docket No. 393032041000	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

**METHOD OF PAYMENT (check all that apply)**

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-	=	x	=			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,231
Name (Print/Type)	Mehran Arjomand	Telephone	(213) 892-5630
		Date	December 5, 2005

Express Mail – EV644665102US



PTO/SB/22 (12-04)  
Approved for use through 7/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 393032041000	
Application Number 10/664,488		Filed September 17, 2003	
For ELECTRONIC DEVICE			
Art Unit 2841		Examiner Tuan T. Dinh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>48,231</u>			
_____ Signature		_____ Date	
_____ Mehran Arjomand		_____ (213) 892-5630	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV644665102US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Date: December 5, 2005	Signature: <u>Marco Jimenez</u> (Marco Jimenez)